

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3066XASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/17/2009
NAME OF PROVIDER OR SUPPLIER RED ROCK SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7135 W SAHARA AVE STE 101 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/17/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>Complaint #NV00022924 was substantiated with deficiencies cited. (See Tags A082, A083, A153, and A167)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A 82 SS=E	<p>NAC 449.9815 Maintenance</p> <p>The administrator shall ensure that the person in charge of maintenance at the center:</p> <p>2. Has written service contracts with vendors that require the inspection and repair of equipment as needed.</p> <p>This Regulation is not met as evidenced by:</p> <p>Surveyor: 26855</p>	A 82		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 82	Continued From page 1 Based on observation, interview and document review the facility administrator failed to ensure the facility maintained a written contract with a vendor for the inspection, repair and preventive maintenance of the facilities steam autoclave and flash sterilizer. Severity: 2 Scope: 2	A 82			
A 83 SS=E	NAC 449.9815 Maintenance The administrator shall ensure that the person in charge of maintenance at the center: 3. Maintains written records of the inspections of the equipment used at the center. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility administrator failed to ensure written records for the inspection, repair and maintenance of the facilities steam autoclave and flash sterilizer were maintained at the facility. Severity: 2 Scope: 1	A 83			
A153 SS=E	NAC 449.9895 Sterilization 3. Instructions for operating any autoclave or sterilizer must be posted near the equipment, and this equipment must be maintained in a safe operating condition. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to ensure the facilities steam autoclave was consistently maintained in a safe operating condition. Severity: 2 Scope: 2	A153			

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A167 SS=E	<p>NAC 449.9905 Pharmacist Required</p> <p>5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855</p> <p>Based on observation, interview and policy and procedure review the facility failed to ensure opened multidose eye medication was not kept in stock after the 28 day expiration date.</p> <p>Severity: 2 Scope: 2</p>	A167			

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